Case 06-10725-gwz Doc 3410 Entered 04/11/07 10:58:22 Page 107 35-1b2

DATE: 4-26-07 Time: 9:30 AM

APRIL 4,2007

I Purchased A portion of A

1SI Trust DEED through USAME
Secured by A trust DEED SO

Therefore it is A Secured LOAN

I AM A DIRECT LENDER WHO HAS

been Ripped off LIKE MAY OMERS

Wan

WANDAC Wright trustee for the WANDAC Wright trust 6-14-99

INTI APR -5 P # 37

		PRO	OF OF CL	AIM I				1		
Ca	ase 06-10725-gwz Doc 3	410 E	intered 04/1	1/07 10	:58:22	Page	2 of 3			
ame of Debtor: Cas			ise Number:			MEDETUED .				
ame of Debiol.			mber: -10725 (LBL) RECEIVED & FILED					FILED		
USACM		<u> </u>				° 07 _{ac}	?n .			
OTE: See Reverse for List of Debtors and Case Numbers.			Check box if yo	u are		m_{γ}	⁷⁷ -5 p	1 32		
riving after the commencement of the case. A "request" for payment or all			aware that anyone else has filed a proof of claim relating							
dministrative expense may be filed pursuant to 11 U.S.C. § 503.			wwere that anyone else has lited a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have preserved any notices					See.	١	
	1132124100176	68	Check box if yo	evertuk		(2)	WAY CLE			
THE WANDA WRIGHT REVOCABLE LIVING TRUST			never received any	notices	DO NOT EIL	E THIS PRO	OOF OF CLA	IM FOR A		
C/O WANDA C WRIGHT TRUSTEE			from the bankruptcy court or BMC Group in this case.			SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.				
16500 PYRAMID WAY RENO NV 89510-8711			Check box if th					claim with the	ı	
			emerions cent to you by the Bankruptcy Cou			Court or BM	t or BMC, you do not need to file again.			
reditor Telephone Number (*	775 475-0161		court.	THIS	THIS SPACE IS FOR COURT USE ONLY					
ast four digits of account or o	Amer number by which creditor identifies	s debtor:	Check here	repla	ces a previ	ously filed	claim dated	l:	l	
-			if this cleim	amei					1	
. BASIS FOR CLAIM		Retiree	benefits as defined	d iņ 11 U.S	.C. § 1114(a) 🔲	Unremitted	•	1	
Goods sold	Personal injury/wrongful death		salaries, and com		(fill out below	v) 🔲	Other claim (not for loa	ns against service In balances)	Ŧ	
Services performed	Taxes		r digits of your SS				•		1	
X Money loaned	Other (describe briefly)	Unpaid	compensation for	services pi	STOUTIOU NO		to late)	(date)	۱	
. DATE DEBT WAS INCUR	RED: 4-5-2006	3. IF (COURT JUDGME	NT, DATE	OBTAINED:	:				
CLASSIFICATION OF CL	AIM. Check the appropriate box or boxes	that best desc	ribe your claim and s	tate the am	ount of the cla	im at the tir	ne case filed.			
See reverse side for important explanations. SECURED CLAIM										
UNSECURED NONPRIORITY CLAM \$ Check this box if your claim is secured by collateral (including										
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim is exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief description of collateral:										
entitled to priority. INSECURED PRIORITY CL	AIM		· 1 —	-		/ahida	☐ Other		ı	
Check this box if you have	✓ Real Estate ✓ Motor Vehicle ✓ Other Value of Collateral: \$ 50,000.00									
entitled to priority. Amount entitled to priority	Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 4,200.00									
Amount of arrearage and other charges at unite case med included in secured claim, if any: \$ 4,250.00										
	ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) [Up to \$2,225° or services for per	f deposits to	ward purchas	e, lease, or	rental of prop	erty or V7\		
Weges, salaries, or commi	issions (up to \$10,000)*, earned within 180 of otcy petition or cessation of the debtor's	lays 								
business, whichever is ear	Other - Specify	Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().								
Contributions to an employ	yee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are s with respect to	subject to ad	justment on 4 lenced on or 8	/1/07 and e	very 3 years t e of adjustme	thereafter nt.		
I. TOTAL AMOUNT OF CL	AM \$	\$ 54,	200.00	\$			\$ 54.	200.00		
AT TIME CASE FILED:	(unsecured)	,	(secured)		(priority)			(Total)		
	cludes interest or other charges in addition							dditional charges.		
i. CREDITS: The amount	of all payments on this claim has been	credited an	d deducted for the	purpose of	f making this	s proof of o	daim. es itemized	l statements of		
nunning accounts contra	IMENTS: Attach copies of supporting eacts, court judgments, mortgages, sacu	rity agreeme	ents, and evidence	of perfect	on or Den.	DO NOT S	SEND ORIG	INAL		
DOCUMENTS. If the do	ocuments are not available, explain. If t PY: To receive an acknowledgment of	the docume	niis are voluminou:	s, attach a :	summary.					
 DATE-STAMPED CO proof of claim. 	h.A.: 10 tecsive siz sciriomeniturair d	Or free seen and o	your cramii, then	J66 61 S40#14	pou, oon-uo					
ACCEPTED) on that it i	mpleted proof of claim form must be is actually received on or before 5:00 ity (including individuals, partnershi) pm. preva	iling Pacific time,	, on Noven	nder 13, Zu	06		CE FOR COURT SE ONLY		
governmental units). By MAIL TO:		BY HA	ND OR OVERNIGHT			1				
BMC Group BMC G										
P. O. Box 911 1330 E			East Franklin Aven	_	-	ILEUIC	ICT 0	9 ZOU6		
El Segundo, CA 90245-	0911 SIGN and print the name/and title, if any,		undo, CA 90245 or other person au	thorized to f	le					
10-3-06	this claim (attach copy of power of	attomey, if a	1 y):				US n iii ii ii	SA CMC		
70 7 00	Want WAR	LDA W	RKHT T	Rusta	<u> </u>		M 1 13 14 1 14 107	/EI		

Case 96-10725-gwz Doc 3410PRO@EdQ#/Ql/AIM:			58:22 Page	e 3 of 3			
Name of Debtor:	Case Nun	nber:]			
USA Commercial Mortgage Company		25-LBR					
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF				
Name of Creditor and Address: WRIGHT, WANDA 16500 PYRAMID HWY RENO NV 89510 WANDA WRIGHT, TRUSTEE OF THE WAN WRIGHT REVOCABELIVING TRUST Creditor Telephone Number (175 475-0/6)	NDA	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	OF CLAIM. THIS INCLUDES MONEY FROM THA BORROWER HELD IN THE COLLECTION ACCOU DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS ONE OF THE DEBTOR'S.				
Last four digits of account or other number by which creditor identifies	debtor:	Check here replain or amer	 a previously f 	iled claim dated:			
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages, s	enefits as defined in 11 U.S. salaries, and compensation (digits of your SS #: compensation for services pe	fill out below)	Unremitted principal Other claims against servicer (not for loan balances) to to (date)			
2. DATE DEBT WAS INCURRED: 12-30-2005 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		DURT JUDGMENT, DATE On the sour claim and state the amount of the sour claim and state the source.		e time case filed.			
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of y entitled to priority.		SECURED CLAIM Check this box if y a right of setoff). Brief description o		d by colleteral (including			
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle				
entitled to priority. Amount entitled to priority \$		Value of Collateral Amount of arrearage a		DDO.DD at time case filed included in DD			
Specify the priority of the claim:	_	secured claim, if any:	\$ 2 400.	20			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	• <u> </u>	Up to \$2,225° of deposits tow services for personal, family, Taxes or penalties owed to gr	or household use -11	U.S.C. § 507(a)(7).			
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable par * Amounts are subject to adju	ragraph of 11 U.S.C. istment on 4/1/07 and	§ 507(a) (). I every 3 years thereafter			
5. TOTAL AMOUNT OF CLAIM \$ \$	F1 1	with respect to cases comme	nced on or after the o	late of adjustment.			
5. TOTAL AMOUNT OF CLAIM \$ (unsecured)	7-0-7-	20 0.00 + \$ 77.5 secured)	(priority)	(Total)			
Check this box if claim includes interest or other charges in addition to t	•	•	,, ,,	• •			
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: Attach copies of supporting doc running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the 8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	uments, so agreement documents	uch as promissory notes, pur ts, and evidence of perfectio are voluminous, attach a su	rchase orders, invo n of lien. DO NOT ummary.	ices, itemized statements of SEND ORIGINAL			
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, governmental units).	n, prevaili	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY			
governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 FI Segundo, CA 90245,0911	OR OVERNIGHT DELIVERY TO SUP ACM Claims Docketing Cent st Franklin Avenue		ED OCT 09 2006				
El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of this claim (attack copy of power of atto	the creditor o	do, CA 90245 or other person authorized to file RIGHT TRUSTE		USA CMC			